



State of Washington  
Application for a Water Right

Please follow the attached instructions to avoid unnecessary delays.

For Ecology Use  
Fee Paid 10.00  
Date 6/6/95

V# 11435

Section 1. APPLICANT - PERSON, ORGANIZATION, OR WATER SYSTEM

Name Stan N. Johnston Home Tel: (360) 796-4736  
Mailing Address P.O. Box 176 Work Tel: (360) 796-4603  
City Brinnon State Wa Zip+4 98320 + FAX: (360) 796-4999

Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

☐ Same as above

Name Stan N. Johnston Home Tel: ( ) - same as above  
Mailing Address P.O. Box 176 Work Tel: ( ) - "  
City Brinnon State Wa Zip+4 98320 + FAX: ( ) - "  
Relationship to applicant same

Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than 20 (☒ gallons per minute or  
☐ cubic feet per second) from a ☐ surface water source or ☒ ground water source (check only one) for the  
purpose(s) of domestic use Multiple. Attach a "legal"  
description of the place of use. (See instructions.) NOTE: A tax parcel number or a plat number is not sufficient.

Estimate a maximum annual quantity to be used in acre-feet per year: 8.04

☐ Check if the water use is proposed for a short-term project. Indicate the period of time that the water will be  
needed:  
From     /     /     to     /     /    

Section 4. WATER SOURCE

| If SURFACE WATER   | If GROUNDWATER  |
|--|---|
| Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.: | A permit is desired for <u>2</u> well(s).                       |
| Number of diversions: <u>          </u>  |   |
| Source flows into (name of body of water):   | Size & depth of well(s):<br><u>6" cased wells 50 feet deep.</u> |

LOCATION

Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner:

200 feet South and 1600 feet West of the NW corner of Sec. 2  
Township 25 North, Range 2 WWM.

| ¼ of | ¼ of | Section | Township | Range(E/W) | County    | If location of source is platted, complete below: |       |             |
|------|------|---------|----------|------------|-----------|---|-------|-------------|
|      |      |         |          |            |           | Lot   | Block | Subdivision |
| NE   | NW   | 2       | 25N      | 2 WWM      | Jefferson |   |       |             |
|      |      |         |          |            |           |   |       |             |

For Ecology Use Date Received: 6/6/95 Priority Date: 6/6/95  
SEPA: Exempt/Not Exempt FERC License #            Dept. Of Health #             
Date Accepted As Complete 6/14/95 By g Date Returned            By            WRIA: 16

## Section 5. GENERAL WATER SYSTEM INFORMATION

- A. Name of system, if named: Johnston Plaza Water System
- B. Briefly describe your proposed water system. **(See instructions.)**
- Small commercial water system. Wells have already been drilled producing 50 plus gallon per minute each. Propose pumping water from wells with 3/4 H.P. pumps into pumphouse into two large pressure tanks. Wells are 6 inch drilled wells with 18 foot ecology seals. Complete system will be located on subject project site which contains 6.75 acres.
- C. Do you already have any water rights or claims associated with this property or system? ☐ YES ☒ NO  
PROVIDE DOCUMENTATION.

## Section 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION (Completed for all domestic/public supply uses.)

- A. Number of "connections" requested: 6 Type of connection Post-office-Variety Store  
(Homes, Apartment, Recreational, etc.)
- B. Are you within the area of an approved water system? ☐ YES ☒ NO  
If yes, explain why you are unable to connect to the system. *Note: Regional water systems are identified by your County Health Department.*

**Complete C. and D. only if the proposed water system will have fifteen or more connections.**

- C. Do you have a current water system plan approved by the Washington State Department of Health? ☐ YES ☒ NO  
If yes, when was it approved? \_\_\_\_\_ Please attach the current approved version of your plan.
- D. Do you have an approved conservation plan? ☐ YES ☒ NO  
If yes, when was it approved? \_\_\_\_\_ Please attach the current approved version of your plan.

## Section 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION (Complete for all irrigation and agriculture uses.)

N/A

- A. Total number of acres to be irrigated: \_\_\_\_\_
- B. List total number of acres for other specified agricultural uses: N/A
- |     |            |       |       |
|-----|------------|-------|-------|
| Use | <u>N/A</u> | Acres | _____ |
| Use | _____      | Acres | _____ |
| Use | _____      | Acres | _____ |
- C. Total number of acres to be covered by this application: 6.75
- D. Family Farm Act (Initiative Measure Number 59, November 3, 1977) N/A  
Add up the acreage in which you have a controlling interest, including only:  
‡ Acreage irrigated under water rights acquired after December 8, 1977;  
‡ Acreage proposed to be irrigated under this application;  
‡ Acreage proposed to be irrigated under other pending application(s).
- Is the combined acreage greater than 2000 acres? ☐ YES ☐ NO
  - Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☐ NO  
If yes, enter permit no: \_\_\_\_\_
- E. Farm uses: N/A  
Stockwater - Total # of animals \_\_\_\_\_ Animal type \_\_\_\_\_ (If dairy cattle, see below)  
Dairy - # Milking \_\_\_\_\_ # Non-milking \_\_\_\_\_

## Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water?

☐ YES ☒ NO

*NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.*

## Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site.

Go North on Hwy 101 thru Shelton and continue another 40 miles to Brinnon on Hood Canal. Site is in Brinnon South of and adjacent to the Brinnon General Store.

## Section 10. REQUIRED MAP

A. Attach a map of the project. (See instructions.)

## Section 11. PROPERTY OWNERSHIP

A. Does the applicant own the land on which the water will be used? ☒ YES ☐ NO

If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):

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B. Does the applicant own the land on which the water source is located?

☒ YES ☐ NO

If no, submit a copy of agreement:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.

Stan Johnston  
Applicant (or authorized representative)

6/5/1995  
Date

Landowner for place of use (if same as applicant, write "same")

Date



Use this page to continue your answers to any questions on the application. Please indicate section number before answer.

|   |  |
|---|--|
| We are returning your application for the following reason(s):  |  |
| _____ Examination fee was not enclosed  | APPLICANT PLEASE<br>RETURN TO CASHIER,<br>PO BOX 5128, LACEY, WA<br>98503-0210 |
| _____ Section number(s) _____ is/are<br>incomplete  | APPLICANT PLEASE<br>RETURN TO THE<br>APPROPRIATE REGIONAL<br>OFFICE            |
| Explanation:  |  |
| Please provide the additional information requested above and return your application by _____<br>_____ (date). |  |

Ecology staff \_\_\_\_\_ Date \_\_\_\_\_

To receive this document in alternative format, contact Lisa Newman at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).